

**FORM  
5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400302985

Date Received:

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 57667

4. Contact Name: CLAYTON DOKE

2. Name of Operator: MINERAL RESOURCES, INC.

Phone: (970) 669-7411

3. Address: PO BOX 328

Fax: (970) 669-4077

City: GREELEY State: CO Zip: 80632

5. API Number 05-123-35463-00

6. County: WELD

7. Well Name: Island Grove

Well Number: 2-32

8. Location: QtrQtr: NWSW Section: 32 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 1627 feet Direction: FSL Distance: 272 feet Direction: FWL

As Drilled Latitude: 40.441670 As Drilled Longitude: -104.695660

## GPS Data:

Data of Measurement: 07/09/2012 PDOP Reading: 0.9 GPS Instrument Operator's Name: Robert Tessely

\*\* If directional footage at Top of Prod. Zone Dist.: 776 feet. Direction: FSL Dist.: 1343 feet. Direction: FWL

Sec: 32 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 461 feet. Direction: FNL Dist.: 1325 feet. Direction: FWL

Sec: 32 Twp: 6N Rng: 65W

9. Field Name: GREELEY

10. Field Number: 32760

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/01/2012 13. Date TD: 05/14/2012 14. Date Casing Set or D&amp;A: 05/22/2012

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11531 TVD\*\* 6938 17 Plug Back Total Depth MD 11531 TVD\*\* 6938

18. Elevations GR 4647 KB 4662

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

Mud Log, CBL

## 20. Casing, Liner and Cement:

**CASING**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+3/4	9+5/8	36	0	1,603	650	0	1,603	VISU
1ST	8+3/4	7+0/0	26	0	7,501	455	2,828	7,501	CBL
2ND	6+1/8	4+1/2	11.6	6646	11,531				

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	7,021		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Per COA #8, the production casing cement ticket is attached.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Clayton Doke

Title: Consultant

Date: \_\_\_\_\_

Email: cdoke@petersonenergy.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400303023	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400302996	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400302997	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400349786	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400350235	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400351724	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group****Comment****Comment Date**

--	--	--

Total: 0 comment(s)